

# STANDARD CERTIFICATE OF DEATH

 State File No. **33266**  
 Registrar's No.

National Office of Vital Statistics

 FILED OCT 28 1948  
 Registration District No.
Primary Registration District No. **2001**

## 1. PLACE OF DEATH:

 (a) County **Tosper**  
 (b) City or town **Tosper**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Freeman Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days** (Specify whether years, months or days)  
 In this community **82 years**

## 3. (a) PRINT FULL NAME

 (a) **Joseph Henry Galpine, Sr.**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

 4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**  
 6. (b) Name of husband or wife **Anna H. Galpine** 6. (c) Age of husband or wife if alive **9** years  
 7. Birth date of deceased **9-18-64**  
 (Month) (Day) (Year)
8. AGE: Years **84** Months **1** Days **4** If less than one day hr. min.9. Birthplace **Waterloo Iowa**  
(City, town, or county) (State or foreign country)10. Usual occupation **Farming**11. Industry or business **Retired**12. Name **ROBT J. Galpine**13. Birthplace **Bentley Eng.**  
(City, town, or county) (State or foreign country)14. Maiden name **Mary Jane Harkins**15. Birthplace **Jordan Eng.**  
(City, town, or county) (State or foreign country)16. (a) Informant **Grace Hammer**(b) Address **Barial Springs, R. 1**17. (a) **Burial** (b) Date thereof **10-16-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Carl J. Cemetery**18. (a) Signature of funeral director **Carl J. Cemetery**(b) Address **Barial Springs, R. 1**19. (a) **10-18-48** (b) **Barial Springs, R. 1**  
(Date received local registrar) (Signature of registrar)

Jefferson City Printing Co.

(Licensed Emballer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

 (a) State **Kansas** (b) County **Cherokee**  
 (c) City or town **Barial Springs, R. 1**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1 mi. N. Lawton** (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month **10** day **13** year **1948** hour **9** minutes **30** A. M.

 I hereby certify that I attended the deceased from **Oct. 12** 19**48** to **Oct. 13** 19**48**  
 that I last saw him alive on **Oct. 13** 19**48**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_  
 Duration **1 day**

 Due to **Cerebral embolism**  
**Complete paralysis**

 Due to **Bronchial pneumonia**  
**1 day**

 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

 Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause of which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **J. H. Galpine** (M. D.) Date signed **Oct 14 48**Address **Barial Springs, R. 1**

(Licensed Emballer's Statement on Reverse Side)

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

*F. M. Jones*

Licensed Embalmer No. \_\_\_\_\_

*2319*

P. O. Address \_\_\_\_\_

*Joseph M. Jones*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.